



## Internal Audit

# FINAL REPORT

## NURSE & MIDWIFE REVALIDATION

### A-03-18

<b>Audit Completed:</b>	August 2018
<b>Preliminary report issued:</b>	09/08/18
<b>Management Action Plan to be returned by:</b>	06/09/18
<b>Management Action Plan returned:</b>	20/09/18
<b>Final report issued:</b>	12/10/18

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### Summary of Audit Findings

The table below summarises the grades of audit recommendations as they sit against each of the audit objectives.

Audit Objective	Recommendations			
	A Low risk	B Medium risk	C High risk	D Very High Risk
To confirm that appropriate governance is in place that reflects relevant guidance within policy, procedure and risk management processes	-	1	-	-
To confirm that the staff groups included within this process have been clearly identified either generically or by professional grouping	-	-	-	-
To establish whether adequate resources are available to enable staff to undertake revalidation as required	-	-	-	-
To verify that revalidation is being undertaken by staff at the appropriate time	-	-	-	-
To confirm monitoring and reporting of revalidation is relevant, accurate and consistent at every level in the organisation up to and including Board	-	1	-	-

Level of assurance	Significant
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### Introduction

#### 1. Audit Scope

To provide assurance that there are suitable arrangements in place throughout NHS Dumfries and Galloway to ensure that revalidation is being undertaken by appropriate staff within the organisation in accordance with relevant guidance.

#### 2. Audit Objectives

- 2.1 To confirm that appropriate governance is in place that reflects relevant guidance within policy, procedure and risk management processes.
- 2.2 To confirm that the staff groups included within this process have been clearly identified either generically or by professional grouping.
- 2.3 To establish whether adequate resources are available to enable staff to undertake revalidation as required.
- 2.4 To verify that revalidation is being undertaken by staff at the appropriate time.
- 2.5 To confirm monitoring and reporting of revalidation is relevant, accurate and consistent at every level in the organisation up to and including Board.

### 3. Overview

All roles that require a specific trained specialism are governed by professional standards that regulate how they are practiced. These standards are required under legislation and governed by a national body through which each professional should be registered. In the case of nurses and midwives registration is governed by the Nursing and Midwifery Council (NMC) who set the standards of practise via a Code.

Registration with NMC is renewed on an annual basis running cyclically from the date of original registration, for which a reminder is issued to their registrants prior to their respective renewal date.

Since April 2016 part of the NMC registration also requires a revalidation process to be undertaken on a 3 yearly cycle. Revalidation is designed to demonstrate that registrants continue to practise safely and effectively within the Code by fulfilling a range of defined requirements during the 3 year cycle. The date of revalidation is aligned to the date of registration and must be submitted and accepted by the NMC in sufficient time to allow the registrant to re-register. Failure to revalidate within the prescribed timescale results in a failure to re-register.

It is the personal responsibility of each professional to ensure that all revalidation and registration requirements are met and it is the NMC role to confirm and reflect that this registration is valid. It is the duty of the employer to ensure that new and existing employees are registered where their job role specifies a 'trained' status as well as supporting registrants in maintaining this status.

This audit forms part of the audit plan for 2017/18 and aims to confirm what arrangements are in place to monitor staff revalidation and by definition their registration status. Our initial subject title and scope included AHPs; however it was quickly identified that this group of registrants do not undergo revalidation and so the audit title has been updated to reflect this.

### 4. Approach

Following initial research a risk matrix was designed to reveal what was regarded as expected practice in this field. Risks were formalised under the main headings listed in the audit objectives against which control objectives were created and testing developed to assess the practices of the service. We identified a number of personnel whose main role is to oversee registration and revalidation and gathered key documentary evidence which was either available on Beacon or provided by staff.

Initial discussions were held with the appropriate levels of management to ascertain the current processes in place. To validate the discussions in each area, we accessed the relevant systems and analysed the data held relating to professional registration to identify how processes were applied in general.

## Previous Audit

### 5. Previous Findings

There have been no previous reviews undertaken by Internal Audit.

## Current Audit

### 6. Audit Findings

#### 6.1 Governance

##### 6.1.1 Guidance, Policy & Procedure – Nurses and Midwives

###### Revalidation Guidance

The Nursing and Midwifery Order 2001 lays down the requirement for the creation and management of a register for all qualified nurses and midwives. Within this Order, the Nursing and Midwifery Council is charged with the responsibility for the register and therefore required to comply with this order.

The Nursing and Midwifery Council has a website on which it states its role in regulation and how this regulation will be enforced.

###### **Our role**

*'We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.'*

*'We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.'*

###### **The Code**

*'The Code presents the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK.'*

*'Effective from 31<sup>st</sup> March 2015, this Code reflects the world in which we live and work today and the changing roles and expectation of nurses and midwives. It is structured around four themes; prioritise people, practise effectively, preserve safety and promote professionalism and trust.'*

In April 2016 revalidation was introduced to ensure that nurses and midwives could demonstrate their ability to practise safely and effectively. Whilst the requirement to revalidate only occurs every 3 years registrants are expected to build towards this validation by accumulating evidence that supports their continual awareness to the Code and how it is implemented in their local environment. The requirements of validation are:

- 450 practice hours, or 900 if renewing as both a nurse and a midwife
- 35 hours of CPD including 20 hours of participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts
- Reflective discussion
- Health and character declaration
- Professional indemnity agreement
- Confirmation

A recently added enhancement to this process is the ability to pay the registration fee quarterly instead of annually, which means that any failure to pay one quarter of the fee results in an automatic lapse of registration.

The NMC website provides detailed information on how each element of the requirements should be demonstrated and it is the registrant's responsibility to be aware of them.

## Policy

Within NHS Dumfries and Galloway the Professional Registration Policy is the most relevant directive in relation to the revalidation process. Review of the content found it to be sufficiently detailed in relation to the general registration processes; however there was no actual reference to the part revalidation plays in any registration process.

This policy was created in August 2012 and was last reviewed in July 2013 with a target date for the next review in June 2016. At the commencement of this audit this has not yet been completed and has therefore passed its target date, which is contrary to the Document Development and Approval Policy.

In June 2017 the Scottish Workforce and Staff Governance Committee (SWAG) updated their requirements in relation to a lapse in professional registration. This directive has been inserted into the policy document and awareness was also raised via the Workforce Directorate Paper in May 2018 as follows;

### **1. PROFESSIONAL REGISTRATIONS – LAPSE IN REGISTRATION**

*A letter was sent by the Scottish Workforce and Staff Governance Committee (SWAG) on the 8<sup>th</sup> of June 2017 that changes how we apply the current policy when an individual's professional registration lapses.*

*The Professional Registration Policy is to be updated and will read ‘...should a member of staff fail to maintain effective registration status with a statutory regulator the staff member should be offered a non-professional role (subject to availability) and paid at the vacancy rate of pay whilst investigation, if required, is undertaken by the Board’. (SWAG-June 2017)*

*The Policy is ‘on the list’ for review, but in the meantime, it is out of date on this particular point. We will add a note to the Policy to explain the new position and add the revised version on Beacon until the document can go through the normal process. But we just want to ensure everyone is aware in the meantime – staff are no longer required to be on no-pay, providing we have a non-professional role they can be undertaking in the meantime. This applies to all professionally registered staff, dental nurses, nurses, AHP's etc.*

This policy is not owned by the Nursing Directorate and so we have discussed a number of enhancements directly with Workforce Directorate. We would ask Nursing Directorate to liaise with Workforce Directorate to ensure that revalidation has been captured appropriately from their directorate perspective (**Recommendation 1**).

## Procedures

When revalidation was introduced for trained nurses and midwives in 2016 an awareness campaign was devised and rolled out using training, teaching and support sessions in addition to the issue of various newsletters. Awareness sessions and supporting literature produced locally in addition to the guidance on the NMC website were considered sufficiently detailed and were therefore not supported with a local set of detailed procedural documentation at that time.

However an enhancement to the registration payment methods created the need to clarify the process in response to an increased risk to registrants lapsing. A risk assessment was undertaken and resulted in a range of procedural references being created within the various directorates that describe registration and revalidation. These documents are localised and are individually relevant and sufficiently detailed and whilst the presentation and content vary greatly the messages are consistent.

We would suggest that an enhanced level of signposting by way of a direct link to the NMC website from the NMAHP Team pages should be considered.

### 6.1.2 Risk Management

A level 1 corporate risk no. 2398 entitled '*Health and wellbeing of our staff*' highlights the significance of this process and is owned by the Workforce Director. The risk recognises the failure to realise optimal health and wellbeing of staff, due to the reduction in quality of staff experience, impacting adversely on service delivery and financial sustainability. This is partly mitigated using the ongoing appraisal and annual review process in addition to revalidation of professionals. This is managed and monitored through Staff Governance Committee and appears to be adequate.

Two further risks were identified on Datix in direct relation to the introduction of the revalidation process. The first, 2226, entitled '*Service Continuity is compromised due to inadequacies with new model for nursing & midwifery professional revalidation*' was created in August 2015 and owned by the Nurse Director and the second risk 2259 entitled '*Nurse Revalidation*' was created in November 2015 and owned by the Workforce Director. Risk 2226 was closed in November 2016 stating '*this was no longer a risk to the board in this format*', once the implementation was complete, whereas risk 2259 remains at 'Being Reviewed' stage never having been 'Finally Approved'. This requires closure and archiving and has been brought to the attention of the Workforce Director.

In respect of the ongoing risk of nurse and midwife revalidation and registration, the controls and oversight mechanisms in place mean the residual risk is probably low. However individual registrants may still occasionally fail to register and if this was compounded by the registrant having a unique specialism this could adversely affect patient care. This is therefore managed operationally through Nursing and Midwifery Strategic Leadership Council as well as through other focussed groups such as the Older People Dumfries and Galloway (OPD&G) Steering Group, who provide assurances to Healthcare Governance Committee.

In respect of business continuity planning we have reviewed a small number of BCPs that have been published on Beacon and could not identify any recognising '*failure to register*' as a risk to service provision. In general there would have to be a mass failure to re-register for business continuity to be affected and so management should consider if this should be recognised in BCPs and/or local risks on Datix. A review of the risk relating to the revalidation/registration process should be considered with a view to capturing the subject more fully.

## 6.2 Staff Identification

All roles within the board are mapped through a series of categories and job titles that are linked to roles, responsibilities and qualification requirements. These roles are currently managed through HR.net by establishing a unique record for each member of staff for each role they undertake within the board. These records also include professional registration information, where a job specification requires it, detailing the relevant professional body, the registrants ID reference within that body and the next renewal date of their registration. In respect of Nurses and Midwives there is also an '*Is Trained Nurse?*' tick box that should be used.

All jobs advertised should clearly state when registration with a professional body is an essential requirement to attaining and maintaining the role. Pre-employment checks should ensure proof is required to demonstrate applicants hold a current and appropriate professional qualification for the role. This proof should be further supported by independent access to the professional body's website to confirm registration and identify any fitness to practice investigations or suspension concerns.

Our review and testing has confirmed that all trained nurse roles are aligned to the requirement to be professionally registered. A matching exercise confirmed employees managed through HR.net could be reconciled with payroll records and that each was populated with the NMC PIN number and renewal date. We have further confirmed that there is a process in place to confirm that all nurses and midwives recruited by the board have the appropriate professional qualification for the role by testing a small sample of new starters in 2018 and found each to be valid.

## 6.3 Revalidation

### 6.3.1 Resourcing

Once employed there should be a system in place to support nurses and midwives in their revalidation and registration process. As previously reported, the NMC provides detailed literature regarding the requirements and discussion and e-mail conversations with Lead Nurses and Head of Midwifery have confirmed that individually they have devised various levels of procedure with associated aides to help their staff comply with revalidation and registration requirements. Whilst this may not be consistent across the board they have been adapted to suit individual directorate requirements.

The revalidation process is relevant to the individual registrant and as such the whole process is not visible to an independent reviewer. All of the elements that make up the revalidation requirements are accumulated by the individual and all supporting evidence retained until such times as the renewal date approaches and as such is personal to them. This does not necessarily require any additional resource to be supplied by the board however local systems can be accessed to provide the registrant the supporting evidence if needed. Examples may include evidence of hours worked, for which templates have been set up in the time recording systems SSTS that line managers can access upon request from the registrant.

### 6.3.2 Registration Alert Mechanisms

The NMC provides an alert system to all registrants advising when their registration renewal is due. This alert is issued once and no further reminder is provided by them.

As previously reported, HR.net is the principal system used to record and monitor Registrations, which is in the process of being succeeded by eESS. Reports can be generated through these systems to inform management when registration renewal becomes due for all registrants they line manage. Registrants are expected to produce confirmation that their registration has been renewed by production of the NMC confirmation and in addition line managers will independently confirm this by accessing the NMC register. No alert system is produced by HR.net.

Whilst there are alert mechanisms for registration there is no additional or separate alert that differentiates when the renewal requires revalidation. This is the registrant's responsibility to ensure they have accumulated the required range and content of information to support.

### **6.3.3 Confirmation Process**

The revalidation process requires all registrants' supporting evidence to be reviewed and signed off by an independent party. This party is known as the Confirmer who must be a Registered Nurse. There is no other restriction or condition currently stipulated by the NMC.

We have seen a paper in which NHS D&G have requested clarification from NMC regarding what the preferred process should be; asking whether the Confirmer should be hierarchical and to reaffirm what the implications are of participating in signing off falsely/erroneously. If this were to be the case this may represent operational issues and conflicting priorities on resources for line management.

At this point in time the process is that the registrant provides a portfolio of evidence that supports all the requirements to support revalidation. This is presented to the Confirmer, discussed in some detail and if the confirmer is satisfied that the criteria is met, the portfolio is approved and the registrant and the confirmer both access the NMC website and sign of the process on-line.

The NMC does not request the supporting evidence to be provided at the time of revalidation, but can request this evidence at any time after that. There is usually a short deadline within which this evidence must be submitted. This process is out with the control of NHS D&G, but lessons would be learned and shared where there is a case in which revalidation could not be supported.

### **6.3.4 Ongoing reviews**

As previously reported, registrants maintain their own portfolios in respect of revalidation as a personal record. If records are maintained by the confirmers they may be kept on personnel files, but this is not a requirement. In either case this information is personal information and not required to audit at this time. This role is performed by NMC.

Line managers are not necessarily Confirmers and so one-to-ones, mid-year and annual reviews are the perfect opportunity to understand how evidence gathering is progressing. We understand by discussion that revalidation and registration forms part of these discussions. In our search we did, however see examples of adverse incident handlers including commentary to show that nursing staff have been advised to use lessons learned to inform reflective statements within the revalidation process. This further supports the fact that these important conversations do occur.

## **6.4 Monitoring & Reporting**

There is a structured and consistent approach to measuring the success or failure of the registration process; however revalidation is managed by the registrant themselves. For registration there are fixed criteria of measurement in place in that the renewal date is a known factor and there is a formal confirmation that is provided to prove registration has been renewed. During discussion and review we can confirm that monitoring takes place on many levels.

### **6.4.1 Line Management**

Line managers are expected to review all registration information to know when renewal is due so that they can be proactive in ensuring renewals are progressed rather than being reactive, leaving action to be retrospective.

We have confirmed the review process with Lead Nurses and have been provided with various process protocols and other assurance pathway documentation. We have seen how the oversight of revalidation and registration is managed within their respective directorates by locality nurse manager, through the further layers of control by the Lead Nurses and Deputy Nurse Director.

This information includes flowcharts showing the verification of the registration process split by annual payment and quarterly payment, a revalidation assurance process, examples of monthly returns that must be completed by Senior Nurses & Midwives, One to One discussion guides that include learning & development made up of PDP, registration/revalidation discussion and example agendas on which NMC Assurance is a standing item.

All line management responsible for trained nurses and midwives are required to be registered with NMC which provides a more detailed registration status than the general public view. Line managers within certain directorates also access the NMC site on a monthly basis to ensure all their nurses and midwives have a valid status and to identify any impending renewal dates.

### **6.4.2 System Monitoring**

#### **HR.net**

HR.net contains all professional registration detail and can be accessed online by any line manager to review the status of registration and reports can be drawn down at any time. On a monthly basis a report is generated from the system by the Workforce Directorate and is e-mailed to the Deputy Nurse Director for onward issue to lead nurses and head of midwifery. A detailed update is expected from the respective management regarding the reasons, solutions and escalated action to be taken of any failure to register. This is an additional layer of monitoring and demonstrates what action has been taken to resolve these matters.

We have been advised through discussion that HR.net does not provide any warning alerts to advise managers of impending or lapsed registrations; however on-line reports can be manipulated to highlight impending renewal. As reported previously, the ability to pay quarterly is now available to all registrants. This payment is retrospective and so any failure to pay results in a lapse in registration. This has been recognised as an issue by management and all those registrants choosing to pay quarterly are required to advise their

line manager so that additional checks can be put into place. This does however remain a risk.

It is anticipated that this information will be enhanced when eESS is introduced, supplementing this information with the capability of running daily, weekly and monthly reports which will be available to all managers as well as reports showing what registrations are due to expire in the next 30 days.

We have tested the information drawn from HR.net and performed our own reconciliation directly to the payroll system. This comparison revealed a small number of variances of nurses and midwives on the payroll that were not captured on the HR.net report. Further investigation confirmed that the HR.net report is generated using the category 'Trained Nurse' and does not include those in roles categorised as Administration or Manager, even though some could still be practicing nurses and midwives.

Our testing confirmed all of these 'omissions' and a sample of other registrants had valid and current registration status. However it is unclear how any lapse in registration for these registrants would be identified using this reporting mechanism. A review should be performed to understand how this reporting can be improved to ensure all practising nurses and midwives that should be registered are captured and that this is then carried forward through to future reporting in eESS (**Recommendation 2**).

### **eESS**

It is anticipated that there will be an enhanced level of monitoring capability within the eESS system whereby real-time information will be available on-screen to each layer of management.

We understand that there are no alerts provided by the system however we have enquired whether this can be made available particularly in relation to registrants who pay quarterly. We have been advised that this has been progressed through the eESS national team. Management should liaise with Workforce Directorate to keep apprised of any progress.

### **Qlikview**

There is a module on Qlikview that shows a range of HR related information including professional registration. The statistics are fairly high level and provide no detail but are a good indicator to how many registrants are compliant versus not compliant. We have requested further detail on how the data in this module is sourced and how it can be used operationally, however this has not been received at the time of writing this report. Management should consider how useful this information is in the monitoring cycle and progress any improvements and clarification directly with ICT.

### **6.4.3 Reporting**

We are assured by discussion that revalidation and registration is the subject of continuous review and we have been provided examples of this from lead nurses and head of midwifery within the organisation showing this as a standing agenda item at team meetings. We have not noted any commentary support from action notes or minutes but we understand this would only be reflected where a lapse in registration is being escalated.

We have also received examples of meetings such as the Older People Steering group in which Care Assurance is discussed. One of the standards monitored relates to *Staff and Skill Mix* which includes revalidation and registration. The minutes and templates

completed support any monitoring work undertaken. This group reports directly through Healthcare Governance Committee.

We are satisfied that discussion is taking place and revalidation/registration is part of ongoing review and that if there were an occasion where registration failed this would be escalated and reported in the most appropriate way.

## 7. Conclusion

The relevant and most current version of government guidance and/or legislation has been identified and is provided online by the professional standards body NMC. The general principles in relation to registration are reflected within the Professional Registration Policy, although Revalidation does not specifically factor. This should be included within the review of the policy which is currently underway.

The risks associated with Revalidation/Registration have been recognised at a corporate level in terms of general Staff Governance; however has not formally been recognised by respective professional leads for nursing either corporately or at directorate level. All layers of risk associated to this process should be reviewed and updated as appropriate.

We can confirm that when Revalidation was introduced in April 2016 there was an awareness campaign with associated training sessions to ensure all current staff were conversant with the compliance requirements. This was accompanied by a check of all compliance to ensure all registration data was accurate. We can further confirm that there is a robust ongoing monitoring process that confirms registrants remain current and appropriate to the job role. Care should be taken to confirm the monitoring reports accurately capture all level of registrant.

Discussion is taking place and revalidation/registration is part of ongoing review at all levels of line management. Processes are in place to capture and react to occasions where registration has lapsed through local committees.

## 8. Acknowledgements

We would like to acknowledge with thanks the help and co-operation of all staff during the course of this audit.

## 9. Glossary of Terms

The following details the abbreviations and associated terms encountered throughout the course of this audit report.

Abbreviation	Term
AHP	Allied Health Professionals
BCP	Business Continuity Plan
CPD	Continuing Professional Development
Datix	Risk Management system
eESS	Future platform for capturing workforce data
HR	Human Resources
HR.net	Current platform for capturing workforce data
ICT	Information Communication and Technology
NHS D&G	NHS Dumfries and Galloway
NMC	Nursing & Midwifery Council

PDP	Personal Development Plan
SSTS	Payroll system
TURAS	Appraisal System

## 10. Management Action Plan

Audit Findings and Recommendations				Management Response		
No	Key Risk / Control weakness	Recommendation	Grade	Management Action	Manager Responsible	Target Date
1	<p><b>Finding Group: Governance</b> <b>Finding Type: Policy</b></p> <p>The Professional Registration Policy does not include any reference to revalidation and how this impacts on registration, failing to draw attention to a crucial element of the registration process. In addition the policy was due for review in June 2016 that has not yet been completed, failing to comply with Document Development and Approval Policy.</p>	<p>The Professional Registration Policy should be updated to include reference to revalidation and how this is instrumental to the registration process.</p>	B	<p>1. Updating of policies led by HR colleagues</p> <p>2. Revalidation will be referenced in the updated policy</p> <p><b>Evidence Required</b> We have already received confirmation that the revised policy contains reference to revalidation. To close we require confirmation that the revised version has been approved and published.</p>	<p>I. Wilson</p> <p>A. Wilson</p>	<p>05/11/18</p> <p>complete</p>
2	<p><b>Finding Group: Performance</b> <b>Finding Type: Monitoring</b></p> <p>Comparison of payroll to HR.net registrant monitoring report revealed a number of variances whereby staff categorised as Administration or Manager did not appear on the HR.net report, but could still be practicing nurses and midwives that require inclusion. This fails to provide assurance that all registrants are being monitored</p>	<p>A review should be performed to understand how HR.net reporting can be improved to ensure all practising nurses and midwives that should be registered are captured.</p> <p>This enhancement should be carried forward through to future reporting through eESS.</p>	B	<p>Each Lead Nurse/Head of Midwifery will work with their teams to ensure eESS reflects all nurses &amp; midwives categorised as “admin” or “management” to ensure they are captured on future reports</p> <p><b>Evidence Required</b> We require sight of revised report capturing all categories</p>	A. Wilson	31/12/18